


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 NOV 26 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003249		
1. Entity Name EL PASEO 1, LLC		

Principal Place of Business 8675 BLUE FLAG WAY NAPLES, FL 34109	Mailing Address 8675 BLUE FLAG WAY NAPLES, FL 34109
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2. Principal Place of Business - No P.O. Box # 509 S. MAIN Street	3. Mailing Address PO Box 550
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State LAS CRUCES NM	City & State LAS CRUCES NM
Zip 88001	Country USA



11182008 REIN-LLC CR2E101 (1/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LAVIN, CHARLES M JR 8675 BLUE FLAG WAY NAPLES, FL 34109	
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7. Name and Address of New Registered Agent Name Lavin, Charles M JR Street Address (P.O. Box Number is Not Acceptable) 2728 Tiburon Blvd Unit A-403 City NAPLES FL Zip Code 34109	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Charles M. Lavin Jr 11-20-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAVIN, CHARLES 509 SOUTH MAIN STREET, SUITE A LAS CRUCES, NM 88001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Michael LAVIN 509 S. main Suite A LAS CRUCES, NM 88001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700138256107 11/25/08--01014--005 **243.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] 11/19/08 (575) 528-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #